

**United States Bankruptcy Court
Western District of Oklahoma, Oklahoma Division**

In re)	
<u>O'Donnell, Kristin,</u>)	Case No. _____
<u>O'Donnell, Thomas</u>)	Chapter <u>7</u>
Debtor(s).)	

PAY ADVICE COVER SHEET

The following pay advice/income record information is filed on behalf of the debtors:

☐ Pay advices are attached as follows

Employer	Beginning date	Ending Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ The debtor certifies by his/her signature below that he/she has no pay records because:

Dated on the 15th day of February, 2019

/s/ Kristin O'Donnell

(Debtor Signature)

/s/ Thomas O'Donnell

(Joint Signature)

☐ Pro se Debtor

☐ Represented by Counsel

/s/ Philip A Hurtt

Philip A Hurtt

16244

Branch & Hurtt Law Firm. P.C.

1525 SW 89th St

Oklahoma City, OK 73159-6342

(405) 634-7600

lacristaoklaw@coxinet.net



by
ULTIMATE
SOFTWARE

CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 07/23/2018
Period End Date 08/05/2018
Pay Date 08/10/2018
Document 25103
Net Pay \$806.95

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612 H	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
	Pay Rate	\$12.7000	Facility	CLM - ClimateMaster		
	Pay Frequency	Biweekly	OT Code	5 - OVT Direct Labor		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
Regular	40.0000	\$12.7000	\$508.00	
Regular	36.5000	\$12.7000	\$463.55	\$971.55

Total Hours 76.5000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
Dental	Yes	\$12.32	\$12.32	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$4.20	\$0.00	\$0.00
Medical	Yes	\$39.06	\$39.06	\$137.92	\$137.92
Vision	Yes	\$0.00	\$0.00	\$2.11	\$2.11

Taxes

Tax	Current	YTD
Federal Income Tax	\$31.63	\$31.63
Employee Medicare	\$13.34	\$13.34
Social Security Employee Tax	\$57.05	\$57.05
OK State Income Tax	\$7.00	\$7.00


Paid Time Off


Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxxxx5787	Debit Card	\$806.95
Total		\$806.95

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$971.55	\$920.17	\$109.02	\$55.58	\$806.95
YTD	\$971.55	\$920.17	\$109.02	\$55.58	\$806.95

 ULTIMATE SOFTWARE		Pay Statement Period Start Date 08/06/2018 Period End Date 08/19/2018 Pay Date 08/24/2018 Document 26390 Net Pay \$728.88	
CLIMATEMASTER INC 7300 SW 44th St OKLAHOMA CITY, OK 73179			
Pay Details			
THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number 027353 SSN XXX-XX-XXXX Job 432501-3612 H Pay Rate \$12.7000 Pay Frequency Biweekly	Pay Group 125 CLM Hourly Location Climate Master Department 512 - 512 CCG Assembly Facility CLM - ClimateMaster OT Code 5 - OVT Direct Labor	Federal Income Tax M 1 OK State Income Tax (Residence) M 1 OK State Income Tax (Work) M 1
Earnings			
Pay Type	Hours	Pay Rate	Current YTD
Regular	35.7500	\$12.7000	\$454.02
Regular	33.0000	\$12.7000	\$419.10 \$1,844.67
Total Hours 68.7500			
Deductions			
Deduction	Pre-Tax	Employee Current YTD	Employer Current YTD
Dental	Yes	\$12.32 \$24.64	\$0.00 \$0.00
Life Insurance	No	\$4.20 \$8.40	\$0.00 \$0.00
Medical	Yes	\$39.06 \$78.12	\$137.92 \$275.84
Vision	Yes	\$0.00 \$0.00	\$2.11 \$4.22
Taxes			
Tax		Current YTD	
Federal Income Tax		\$21.79 \$53.42	
Employee Medicare		\$11.92 \$25.26	
Social Security Employee Tax		\$50.95 \$108.00	
OK State Income Tax		\$4.00 \$11.00	
Paid Time Off		Net Pay Distribution	
		Account Number	Account Type Amount
		xxxxxxxxxx5787	Debit Card \$728.88
		Total	\$728.88
Pay Summary			
	Gross	FIT Taxable Wages	Taxes Deductions Net Pay
Current	\$873.12	\$821.74	\$88.66 \$55.58 \$728.88
YTD	\$1,844.67	\$1,741.91	\$197.68 \$111.16 \$1,535.83

 ULTIMATE SOFTWARE		Pay Statement Period Start Date 08/20/2018 Period End Date 09/02/2018 Pay Date 09/07/2018 Document 27673 Net Pay \$761.88	
CLIMATEMASTER INC 7300 SW 44th St OKLAHOMA CITY, OK 73179			
Pay Details			
THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number 027353 SSN XXX-XX-XXXX Job 432501-3612 H Pay Rate \$12.7000 Pay Frequency Biweekly	Pay Group 125 CLM Hourly Location Climate Master Department 512 - 512 CCG Assembly Facility CLM - ClimateMaster OT Code 5 - OVT Direct Labor	Federal Income Tax M 1 OK State Income Tax (Residence) M 1 OK State Income Tax (Work) M 1
Earnings			
Pay Type	Hours	Pay Rate	Current YTD
Regular	36.0000	\$12.7000	\$457.20
Regular	36.0000	\$12.7000	\$457.20
			\$2,759.07
Total Hours 72.0000			
Deductions			
Deduction	Pre-Tax	Employee Current YTD	Employer Current YTD
Dental	Yes	\$12.32 \$36.96	\$0.00 \$0.00
Life Insurance	No	\$4.20 \$12.60	\$0.00 \$0.00
Medical	Yes	\$39.06 \$117.18	\$137.92 \$413.76
Vision	Yes	\$0.00 \$0.00	\$2.11 \$6.33
Taxes			
Tax	Current	YTD	
Federal Income Tax	\$25.92	\$79.34	
Employee Medicare	\$12.51	\$37.77	
Social Security Employee Tax	\$53.51	\$161.51	
OK State Income Tax	\$5.00	\$16.00	
Paid Time Off		Net Pay Distribution	
		Account Number	Account Type Amount
		xxxxxxxxxx5787	Debit Card \$761.88
		Total	\$761.88
Pay Summary			
	Gross	FIT Taxable Wages	Taxes Deductions Net Pay
Current	\$914.40	\$863.02	\$96.94 \$55.58 \$761.88
YTD	\$2,759.07	\$2,604.93	\$294.62 \$166.74 \$2,297.71



by
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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 09/03/2018
Period End Date 09/16/2018
Pay Date 09/21/2018
Document 28946
Net Pay \$932.49

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
		H	Facility	CLM - ClimateMaster		
	Pay Rate	\$12.7000	OT Code	5 - OVT Direct Labor		
	Pay Frequency	Biweekly				

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	3.5000	\$6.3500	\$22.22	\$22.22
OT	3.5000	\$12.7000	\$44.45	\$44.45
PTO	12.0000	\$12.7000	\$152.40	\$152.40
Regular	36.0000	\$12.7000	\$457.20	
Regular	40.0000	\$12.7000	\$508.00	\$3,724.27

Total Hours 91.5000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$47.37	\$47.37	\$0.00	\$0.00
Dental	Yes	\$12.32	\$49.28	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$16.80	\$0.00	\$0.00
Medical	Yes	\$39.06	\$156.24	\$137.92	\$551.68
401K Employer M	Yes	\$0.00	\$0.00	\$47.37	\$47.37
Vision	Yes	\$0.00	\$0.00	\$2.11	\$8.44

Taxes

Tax	Current	YTD
Federal Income Tax	\$48.17	\$127.51
Employee Medicare	\$16.43	\$54.20
Social Security Employee Tax	\$70.23	\$231.74
OK State Income Tax	\$14.00	\$30.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxxxx5787	Debit Card	\$932.49
Total		\$932.49



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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 09/17/2018
Period End Date 09/30/2018
Pay Date 10/05/2018
Document 30211
Net Pay \$754.44

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612 H	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
	Pay Rate	\$12.7000	Facility	CLM - ClimateMaster		
	Pay Frequency	Biweekly	OT Code	5 - OVT Direct Labor		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	0.0000	\$0.0000	\$0.00	\$22.22
OT	0.0000	\$0.0000	\$0.00	\$44.45
PTO	0.0000	\$0.0000	\$0.00	\$152.40
Regular	30.0000	\$12.7000	\$381.00	
Regular	36.7500	\$12.7000	\$466.72	\$4,571.99
SAFETY SUPPLY E			\$75.00	\$75.00

Total Hours 66.7500

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$33.91	\$81.28	\$0.00	\$0.00
Dental	Yes	\$12.32	\$61.60	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$21.00	\$0.00	\$0.00
Medical	Yes	\$39.06	\$195.30	\$137.92	\$689.60
401K Employer M	Yes	\$0.00	\$0.00	\$33.91	\$81.28
Vision	Yes	\$0.00	\$0.00	\$2.11	\$10.55

Taxes

Tax	Current	YTD
Federal Income Tax	\$15.86	\$143.37
Employee Medicare	\$11.55	\$65.75
Social Security Employee Tax	\$49.38	\$281.12
OK State Income Tax	\$2.00	\$32.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxxxx5787	Debit Card	\$754.44
Total		\$754.44



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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 10/01/2018
Period End Date 10/14/2018
Pay Date 10/19/2018
Document 31486
Net Pay \$961.85

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612 H	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
	Pay Rate	\$14.0700	Facility	CLM - ClimateMaster		
	Pay Frequency	Biweekly	OT Code	5 - OVT Direct Labor		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	0.0000	\$0.0000	\$0.00	\$22.22
OT	0.0000	\$0.0000	\$0.00	\$44.45
PTO	10.0000	\$14.0700	\$140.70	
PTO	10.0000	\$14.0700	\$140.70	\$433.80
Regular	27.0000	\$14.0700	\$379.89	
Regular	40.0000	\$14.0700	\$562.80	\$5,514.68
SAFETY SUPPLY E	0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 87.0000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$48.96	\$130.24	\$0.00	\$0.00
Dental	Yes	\$12.32	\$73.92	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$25.20	\$0.00	\$0.00
Medical	Yes	\$39.06	\$234.36	\$137.92	\$827.52
401K Employer M	Yes	\$0.00	\$0.00	\$48.96	\$130.24
Vision	Yes	\$0.00	\$0.00	\$2.11	\$12.66

Taxes

Tax	Current	YTD
Federal Income Tax	\$51.99	\$195.36
Employee Medicare	\$17.00	\$82.75
Social Security Employee Tax	\$72.71	\$353.83
OK State Income Tax	\$16.00	\$48.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxxxx5787	Debit Card	\$961.85



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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 10/15/2018
Period End Date 10/28/2018
Pay Date 11/02/2018
Document 32767
Net Pay \$852.77

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
		H	Facility	CLM - ClimateMaster		
	Pay Rate	\$14.0700	OT Code	5 - OVT Direct Labor		
	Pay Frequency	Biweekly				

Earnings

Pay Type	Period Start	Period End	Hours	Pay Rate	Current	YTD
OT Half Time			0.0000	\$0.0000	\$0.00	\$22.22
KPI Incentive	07/01/2018	09/30/2018			\$70.00	\$70.00
OT Rate Look Ba					\$0.70	\$0.70
OT			0.0000	\$0.0000	\$0.00	\$44.45
PTO			10.0000	\$14.0700	\$140.70	\$574.50
Regular			35.7500	\$14.0700	\$503.00	
Regular			25.7500	\$14.0700	\$362.30	\$6,379.98
SAFETY SUPPLY E			0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 71.5000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$43.07	\$173.31	\$0.00	\$0.00
Dental	Yes	\$12.32	\$86.24	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$29.40	\$0.00	\$0.00
Medical	Yes	\$39.06	\$273.42	\$137.92	\$965.44
401K Employer M	Yes	\$0.00	\$0.00	\$43.07	\$173.31
Vision	Yes	\$0.00	\$0.00	\$2.11	\$14.77

Taxes

Tax	Current	YTD
Federal Income Tax	\$37.84	\$233.20
Employee Medicare	\$14.87	\$97.62
Social Security Employee Tax	\$63.57	\$417.40
OK State Income Tax	\$9.00	\$57.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
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By
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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 10/29/2018
Period End Date 11/11/2018
Pay Date 11/16/2018
Document 33697
Net Pay \$949.00

Pay Details

THOMAS S O'DONNELL	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
805 SWEETGUM ST	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
MOORE, OK 73160	Job	432501-3612	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
USA	Pay Rate	\$14.0700	Facility	CLM - ClimateMaster		
	Pay Frequency	Biweekly	OT Code	5 - OVT Direct Labor		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	6.0000	\$7.0350	\$42.21	\$64.43
KPI Incentive	0.0000	\$0.0000	\$0.00	\$70.00
OT Rate Look Ba	0.0000	\$0.0000	\$0.00	\$0.70
OT	6.0000	\$14.0700	\$84.42	\$128.87
PTO	5.0000	\$14.0700	\$70.35	\$644.85
Regular	31.7500	\$14.0700	\$446.72	
Regular	40.0000	\$14.0700	\$562.80	\$7,389.50
SAFETY SUPPLY E	0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 82.7500

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$48.26	\$221.57	\$0.00	\$0.00
Dental	Yes	\$12.32	\$98.56	\$0.00	\$0.00
Life Insurance	No	\$4.20	\$33.60	\$0.00	\$0.00
Medical	Yes	\$39.06	\$312.48	\$137.92	\$1,103.36
401K Employer M	Yes	\$0.00	\$0.00	\$48.26	\$221.57
Vision	Yes	\$0.00	\$0.00	\$2.11	\$16.88

Taxes

Tax	Current	YTD
Federal Income Tax	\$50.30	\$283.50
Employee Medicare	\$16.75	\$114.37
Social Security Employee Tax	\$71.61	\$489.01
OK State Income Tax	\$15.00	\$72.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
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by
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CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 11/12/2018
Period End Date 11/25/2018
Pay Date 11/30/2018
Document 35344
Net Pay \$1,083.20

Pay Details

THOMAS S O'DONNELL	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
805 SWEETGUM ST	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
MOORE, OK 73160	Job	432501-3612	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
USA	Pay Rate	\$14.0700	Facility	CLM - ClimateMaster		
	Pay Frequency	Biweekly	OT Code	5 - OVT Direct Labor		

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	10.0000	\$7.0350	\$70.35	\$134.78
KPI Incentive	0.0000	\$0.0000	\$0.00	\$70.00
OT Rate Look Ba	0.0000	\$0.0000	\$0.00	\$0.70
OT	10.0000	\$14.0700	\$140.70	\$269.57
PTO	10.0000	\$14.0700	\$140.70	\$785.55
Regular	40.0000	\$14.0700	\$562.80	
Regular	33.7500	\$14.0700	\$474.86	\$8,427.16
SAFETY SUPPLY E	0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 93.7500

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$55.58	\$277.15	\$0.00	\$0.00
Dental	Yes	\$12.32	\$110.88	\$0.00	\$0.00
Life Insurance	No	\$5.03	\$38.63	\$0.00	\$0.00
Medical	Yes	\$39.06	\$351.54	\$137.92	\$1,241.28
401K Employer M	Yes	\$0.00	\$0.00	\$55.58	\$277.15
Vision	Yes	\$0.00	\$0.00	\$2.11	\$18.99

Taxes

Tax	Current	YTD
Federal Income Tax	\$67.86	\$351.36
Employee Medicare	\$19.40	\$133.77
Social Security Employee Tax	\$82.96	\$571.97
OK State Income Tax	\$24.00	\$96.00

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
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by
ULTIMATE
SOFTWARE

CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 11/26/2018
Period End Date 12/09/2018
Pay Date 12/14/2018
Document 36747
Net Pay \$1,235.09

Pay Details

THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax (Residence)	M 1
	Job	432501-3612	Department	512 - 512 CCG Assembly	OK State Income Tax (Work)	M 1
		H	Facility	CLM - ClimateMaster		
	Pay Rate	\$14.0700	OT Code	5 - OVT Direct Labor		
	Pay Frequency	Biweekly				

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	5.7500	\$7.0350	\$40.45	
OT Half Time	10.0000	\$7.0350	\$70.35	\$245.58
KPI Incentive	0.0000	\$0.0000	\$0.00	\$70.00
OT Rate Look Ba	0.0000	\$0.0000	\$0.00	\$0.70
OT	5.7500	\$14.0700	\$80.90	
OT	10.0000	\$14.0700	\$140.70	\$491.17
PTO	10.0000	\$14.0700	\$140.70	\$926.25
Regular	40.0000	\$14.0700	\$562.80	
Regular	40.0000	\$14.0700	\$562.80	\$9,552.76
SAFETY SUPPLY E	0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 105.7500

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$63.95	\$341.10	\$0.00	\$0.00
Dental	Yes	\$12.32	\$123.20	\$0.00	\$0.00
Life Insurance	No	\$5.03	\$43.66	\$0.00	\$0.00
Medical	Yes	\$39.06	\$390.60	\$137.92	\$1,379.20
401K Employer M	Yes	\$0.00	\$0.00	\$63.95	\$341.10
Vision	Yes	\$0.00	\$0.00	\$2.11	\$21.10

Taxes

Tax	Current	YTD
Federal Income Tax	\$90.89	\$442.25
Employee Medicare	\$22.43	\$156.20
Social Security Employee Tax	\$95.93	\$667.90
OK State Income Tax	\$34.00	\$130.00

Paid Time Off

Net Pay Distribution



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SOFTWARE

CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 12/10/2018
Period End Date 12/23/2018
Pay Date 12/28/2018
Document 38053
Net Pay \$1,102.97

Pay Details

THOMAS S O'DONNELL	Employee Number	027353	Pay Group	125 CLM Hourly	Federal Income Tax	M 1
805 SWEETGUM ST	SSN	XXX-XX-XXXX	Location	Climate Master	OK State Income Tax	M 1
MOORE, OK 73160	Job	432501-3612	Department	512 - 512 CCG	(Residence)	
USA		H	Facility	CLM - ClimateMaster	OK State Income Tax (Work)	M 1
	Pay Rate	\$14.0700	OT Code	5 - OVT Direct Labor		
	Pay Frequency	Biweekly				

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
OT Half Time	3.7500	\$7.0350	\$26.38	
OT Half Time	10.0000	\$7.0350	\$70.35	\$342.31
KPI Incentive	0.0000	\$0.0000	\$0.00	\$70.00
OT Rate Look Ba	0.0000	\$0.0000	\$0.00	\$0.70
OT	3.7500	\$14.0700	\$52.76	
OT	10.0000	\$14.0700	\$140.70	\$684.63
PTO	0.0000	\$0.0000	\$0.00	\$926.25
Regular	40.0000	\$14.0700	\$562.80	
Regular	40.0000	\$14.0700	\$562.80	\$10,678.36
SAFETY SUPPLY E	0.0000	\$0.0000	\$0.00	\$75.00

Total Hours 93.7500

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$56.63	\$397.73	\$0.00	\$0.00
Dental	Yes	\$12.32	\$135.52	\$0.00	\$0.00
Life Insurance	No	\$5.03	\$48.69	\$0.00	\$0.00
Medical	Yes	\$39.06	\$429.66	\$137.92	\$1,517.12
401K Employer M	Yes	\$0.00	\$0.00	\$56.63	\$397.73
Vision	Yes	\$0.00	\$0.00	\$2.11	\$23.21

Taxes

Tax	Current	YTD
Federal Income Tax	\$70.39	\$512.64
Employee Medicare	\$19.79	\$175.99
Social Security Employee Tax	\$84.60	\$752.50
OK State Income Tax	\$25.00	\$155.00

Paid Time Off

Net Pay Distribution



by
ULTIMATE
SOFTWARE

CLIMATEMASTER INC
7300 SW 44th St
OKLAHOMA CITY, OK 73179

Pay Statement

Period Start Date 12/30/2018
Period End Date 12/30/2018
Pay Date 12/30/2018
Document 999999
Net Pay \$100.00

Pay Details

Thomas S O'Donnell

805 Sweetgum St

Moore, OK 73160

USA

Employee Number 027353
SSN XXX-XX-XXXX
Job 432501-3612 H
Pay Rate \$14.0700
Pay Frequency Biweekly

Pay Group 125 CLM Hourly
Location Climate Master
Department 512 - 512 CCG Assembly
Facility CLM - ClimateMaster
OT Code 5 - OVT Direct Labor

Earnings

Pay Type	Week	Job	Hours	Pay Rate	Current
OT Half Time			0.0000	\$0.0000	\$0.00
OT Rate Look Ba			0.0000	\$0.0000	\$0.00
Gifts Gross Up	2	432501-3612 H	0.0000	\$0.0000	\$153.50
KPI Incentive			0.0000	\$0.0000	\$0.00
OT			0.0000	\$0.0000	\$0.00
PTO			0.0000	\$0.0000	\$0.00
Regular			0.0000	\$0.0000	\$0.00
SAFETY SUPPLY E			0.0000	\$0.0000	\$0.00

Total Hours 0.0000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$0.00	\$397.73	\$0.00	\$0.00
401K Employer M	Yes	\$0.00	\$0.00	\$0.00	\$397.73
Dental	Yes	\$0.00	\$135.52	\$0.00	\$0.00
Medical	Yes	\$0.00	\$429.66	\$0.00	\$1,517.12
Vision	Yes	\$0.00	\$0.00	\$0.00	\$23.21
Life Insurance	No	\$0.00	\$48.69	\$0.00	\$0.00

Taxes

Tax	Current	YTD
OK State Income Tax	\$8.00	\$163.00
Federal Income Tax	\$33.76	\$546.40
Employee Medicare	\$2.22	\$178.21
Social Security Employee Tax	\$9.52	\$762.02

Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
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 by
 ULTIMATE
 SOFTWARE

 CLIMATEMASTER INC
 7300 SW 44th St
 OKLAHOMA CITY, OK 73179

Pay Statement

 Period Start Date 12/24/2018
 Period End Date 01/06/2019
 Pay Date 01/11/2019
 Document 39351
 Net Pay \$788.60

Pay Details

THOMAS S O'DONNELL	Employee Number 027353	Pay Group 125 CLM Hourly	Federal Income Tax M 1
805 SWEETGUM ST	SSN XXX-XX-XXXX	Location Climate Master	OK State Income Tax (Residence) M 1
MOORE, OK 73160	Job 432501-3612 H	Department 512 - 512 CCG Assembly	OK State Income Tax (Work) M 1
USA	Pay Rate \$14.0700	Facility CLM - ClimateMaster	
	Pay Frequency Biweekly	OT Code 5 - OVT Direct Labor	

Earnings

Pay Type	Hours	Pay Rate	Current	YTD
PTO	20.0000	\$14.0700	\$281.40	\$281.40
Regular	16.0000	\$14.0700	\$225.12	
Regular	36.0000	\$14.0700	\$506.52	\$731.64

Total Hours 72.0000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
401K	Yes	\$40.52	\$40.52	\$0.00	\$0.00
Dental	Yes	\$30.12	\$30.12	\$0.00	\$0.00
Life Insurance	No	\$5.03	\$5.03	\$0.00	\$0.00
Med Wellness	Yes	\$40.44	\$40.44	\$133.53	\$133.53
Vision	Yes	\$1.90	\$1.90	\$2.11	\$2.11
401K Employer M	Yes	\$0.00	\$0.00	\$40.52	\$40.52

Taxes

Tax	Current	YTD
Federal Income Tax	\$28.47	\$28.47
Employee Medicare	\$13.64	\$13.64
Social Security Employee Tax	\$58.32	\$58.32
OK State Income Tax	\$6.00	\$6.00


Paid Time Off

Net Pay Distribution

Account Number	Account Type	Amount
xxxxxxxxxxx5787	Debit Card	\$788.60
Total		\$788.60

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$1,013.04	\$900.06	\$106.43	\$118.01	\$788.60
YTD	\$1,013.04	\$900.06	\$106.43	\$118.01	\$788.60

		Pay Statement Period Start Date 01/07/2019 Period End Date 01/20/2019 Pay Date 01/25/2019 Document 40526 Net Pay \$1,014.21			
CLIMATEMASTER INC 7300 SW 44th St OKLAHOMA CITY, OK 73179					
Pay Details					
THOMAS S O'DONNELL 805 SWEETGUM ST MOORE, OK 73160 USA	Employee Number 027353 SSN XXX-XX-1587 Job 432501-3612 H Pay Rate \$14.0700 Pay Frequency Biweekly	Pay Group 125 CLM Hourly Location Climate Master Department 512 - 512 Assembly Facility CLM - ClimateMaster OT Code 5 - OVT Direct Labor	Federal Income Tax M 1 OK State Income Tax (Residence) M 1 OK State Income Tax (Work) M 1		
Earnings					
Pay Type	Hours	Pay Rate	Current	YTD	
OT Half Time	5.7500	\$7.0350	\$40.45	\$40.45	
OT	5.7500	\$14.0700	\$80.90	\$80.90	
PTO	5.0000	\$14.0700	\$70.35	\$351.75	
Regular	40.0000	\$14.0700	\$562.80		
Regular	40.0000	\$14.0700	\$562.80	\$1,857.24	
Total Hours 90.7500					
Deductions					
		Employee		Employer	
Deduction	Pre-Tax	Current	YTD	Current	YTD
401K	Yes	\$52.69	\$93.21	\$0.00	\$0.00
Dental	Yes	\$30.12	\$60.24	\$0.00	\$0.00
Life Insurance	No	\$5.03	\$10.06	\$0.00	\$0.00
Med Wellness	Yes	\$40.44	\$80.88	\$133.53	\$267.06
Vision	Yes	\$1.90	\$3.80	\$2.11	\$4.22
401K Employer M	Yes	\$0.00	\$0.00	\$52.69	\$93.21
Taxes					
Tax		Current	YTD		
Federal Income Tax		\$57.68	\$86.15		
Employee Medicare		\$18.05	\$31.69		
Social Security Employee Tax		\$77.18	\$135.50		
OK State Income Tax		\$20.00	\$26.00		
Paid Time Off		Net Pay Distribution			
		Account Number	Account Type	Amount	
		xxxxxx1703	Checking	\$1,014.21	
		Total		\$1,014.21	

Name: Kristin O'donnell

Check Date: 08/21/18 Check #:110011172

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch:Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
08/13/18 - 08/19/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	64.15	\$898.10
08/13/18 - 08/19/18	Five Star Equipment - Light Industrial	OT	0.48	\$21.00	\$10.08	0.48	\$10.08

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$570.08	\$26.82	\$28.44
FICA EE	\$570.08	\$35.34	\$55.06
MED EE	\$570.08	\$8.27	\$12.88
OK WH	\$570.08	\$9.00	\$9.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$490.65	####7713

YTD Gross	\$908.18
Gross Amt.	\$570.08
Net Amt.	\$490.65

Check Number	110011172
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Name: Kristin O'donnell

Check Date: 08/28/18 Check #: 110011193

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
08/20/18 - 08/26/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	104.15	\$1,458.10
08/20/18 - 08/26/18	Five Star Equipment - Light Industrial	OT	0.46	\$21.00	\$9.66	0.94	\$19.74

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$569.66	\$26.77	\$55.21
FICA EE	\$569.66	\$35.32	\$90.38
MED EE	\$569.66	\$8.26	\$21.14
OK WH	\$569.66	\$8.00	\$17.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$491.31	###7713

YTD Gross	\$1,477.84
Gross Amt.	\$569.66
Net Amt.	\$491.31

Check Number	110011193
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Name: Kristin O'donnell

Check Date: 09/04/18 Check #:110011215

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch:Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
08/27/18 - 09/02/18	Five Star Equipment - Light Industrial	Reg	38.78	\$14.00	\$542.92	142.93	\$2,001.02

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$542.92	\$24.10	\$79.31
FICA EE	\$542.92	\$33.66	\$124.04
MED EE	\$542.92	\$7.87	\$29.01
OK WH	\$542.92	\$7.00	\$24.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$470.29	####7713

YTD Gross	\$2,020.76
Gross Amt.	\$542.92
Net Amt.	\$470.29

Check Number	110011215
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Name: Kristin O'donnell

Check Date: 09/11/18 Check #:110011244

6125 W.Reno, Suite 500

SSN: ###-##-2662 EE ID: 65

Branch:Staff Dispatch

Oklahoma, OK 73127-6539

(405) 603-3500

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
09/03/18 - 09/09/18	Five Star Equipment - Light Industrial	Reg	38.43	\$14.00	\$538.02	181.36	\$2,539.04

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$538.02	\$23.61	\$102.92
FICA EE	\$538.02	\$33.36	\$157.40
MED EE	\$538.02	\$7.80	\$36.81
OK WH	\$538.02	\$7.00	\$31.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$466.25	####7713

YTD Gross	\$2,558.78
Gross Amt.	\$538.02
Net Amt.	\$466.25

Check Number	110011244
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EARNINGS STATEMENT IMPORTANT - KEEP FOR YOUR RECORDS Mail to Employee

Name: **Kristin O'donnell**

Check Date: 09/18/18 Check #:110011277

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Driver Dispatch, LLC

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

Case: 19-10513 Doc. 1 Filed: 02/15/19 Page: 20 of 104

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
09/10/18 - 09/16/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	221.36	\$3,099.04
09/10/18 - 09/16/18	Five Star Equipment - Light Industrial	OT	2.21	\$21.00	\$46.41	3.15	\$66.15

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$606.41	\$30.45	\$133.37
FICA EE	\$606.41	\$37.60	\$195.00
MED EE	\$606.41	\$8.79	\$45.60
OK WH	\$606.41	\$10.00	\$41.00

Deduct. Type	Amount	YTD Deduct.
Applicaton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$519.57	###7713

YTD Gross	\$3,165.19
Gross Amt.	\$606.41
Net Amt.	\$519.57

Check Number	110011277
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EARNINGS STATEMENT IMPORTANT - KEEP FOR YOUR RECORDS Mail to Employee

Name: **Kristin O'donnell**

Check Date: 09/25/18 Check #:110011313

SSN: ###-##-2662 EE ID: 65

Branch:Staff Dispatch

Driver Dispatch, LLC

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

Case: 19-10513 Doc. 1 Filed: 02/15/19 Page: 21 of 104

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
09/17/18 - 09/23/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	261.36	\$3,659.04
09/17/18 - 09/23/18	Five Star Equipment - Light Industrial	OT	1.19	\$21.00	\$24.99	4.34	\$91.14

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$584.99	\$28.31	\$161.68
FICA EE	\$584.99	\$36.27	\$231.27
MED EE	\$584.99	\$8.48	\$54.08
OK WH	\$584.99	\$9.00	\$50.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$502.93	####7713

YTD Gross	\$3,750.18
Gross Amt.	\$584.99
Net Amt.	\$502.93

Check Number	110011313
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EARNINGS STATEMENT IMPORTANT - KEEP FOR YOUR RECORDS

Mail to Employee

Name: **Kristin O'donnell**

Check Date: 10/02/18 Check #: 110011348

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Driver Dispatch, LLC6125 W. Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

Case: 19-10513 Doc. 1 Filed: 02/15/19 Page: 22 of 104

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
09/24/18 - 09/30/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	301.36	\$4,219.04
09/24/18 - 09/30/18	Five Star Equipment - Light Industrial	OT	1.16	\$21.00	\$24.36	5.50	\$115.50

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$584.36	\$28.24	\$189.92
FICA EE	\$584.36	\$36.23	\$267.50
MED EE	\$584.36	\$8.47	\$62.55
OK WH	\$584.36	\$9.00	\$59.00

Deduct. Type	Amount	YTD Deduct.
Application Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$502.42	###7713

YTD Gross	\$4,334.54
Gross Amt.	\$584.36
Net Amt.	\$502.42

Check Number	110011348
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Name: Kristin O'donnell

Check Date: 10/09/18 Check #:110011387

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
10/01/18 - 10/07/18	Five Star Equipment - Light Industrial	Reg	35.83	\$14.00	\$501.62	337.19	\$4,720.66

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$501.62	\$19.97	\$209.89
FICA EE	\$501.62	\$31.10	\$298.60
MED EE	\$501.62	\$7.27	\$69.82
OK WH	\$501.62	\$5.00	\$64.00

Deduct. Type	Amount	YTD Deduct.
Applicaition Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$438.28	####7713

YTD Gross	\$4,836.16
Gross Amt.	\$501.62
Net Amt.	\$438.28

Check Number	110011387
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Name: Kristin O'donnell

Check Date: 10/16/18 Check #:110011437

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch:Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
10/08/18 - 10/14/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	377.19	\$5,280.66
10/08/18 - 10/14/18	Five Star Equipment - Light Industrial	OT	13.11	\$21.00	\$275.31	18.61	\$390.81

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$835.31	\$56.68	\$266.57
FICA EE	\$835.31	\$51.79	\$350.39
MED EE	\$835.31	\$12.11	\$81.93
OK WH	\$835.31	\$22.00	\$86.00

Deduct. Type	Amount	YTD Deduct.
Applicaton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$692.73	###7713

YTD Gross	\$5,671.47
Gross Amt.	\$835.31
Net Amt.	\$692.73

Check Number	110011437
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Name: Kristin O'donnell

Check Date: 10/23/18 Check #: 110011486

6125 W.Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
10/15/18 - 10/21/18	Five Star Equipment - Light Industrial	Reg	40.00	\$14.00	\$560.00	417.19	\$5,840.66
10/15/18 - 10/21/18	Five Star Equipment - Light Industrial	OT	7.27	\$21.00	\$152.67	25.88	\$543.48

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$712.67	\$41.96	\$308.53
FICA EE	\$712.67	\$44.19	\$394.58
MED EE	\$712.67	\$10.33	\$92.26
OK WH	\$712.67	\$16.00	\$102.00

Deduct. Type	Amount	YTD Deduct.
Applicaton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$600.19	####7713

YTD Gross	\$6,384.14
Gross Amt.	\$712.67
Net Amt.	\$600.19

Check Number	110011486
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EARNINGS STATEMENT IMPORTANT - KEEP FOR YOUR RECORDS Mail to EmployeeName: **Kristin O'donnell**

Check Date: 10/30/18 Check #: 110011532

Driver Dispatch, LLC

6125 W.Reno, Suite 500

Oklahoma, OK 73127-6539

(405) 603-3500

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
10/22/18 - 10/28/18	Five Star Equipment - Clerical	Reg	36.47	\$14.00	\$510.58	453.66	\$6,351.24

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax
Federal Income Ta	\$510.58	\$20.87	\$329.40
FICA EE	\$510.58	\$31.66	\$426.24
MED EE	\$510.58	\$7.40	\$99.66
OK WH	\$510.58	\$6.00	\$108.00

Deduct. Type	Amount	YTD Deduct.
Applicaiton Fee	\$0.00	\$20.00

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$444.65	###7713

YTD Gross	\$6,894.72
Gross Amt.	\$510.58
Net Amt.	\$444.65

Check Number	110011532
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EARNINGS STATEMENT IMPORTANT - KEEP FOR YOUR RECORDS Mail to EmployeeName: **Kristin O'donnell**

Check Date: 11/06/18 Check #: 110011572

Driver Dispatch, LLC

SSN: ###-##-2662 EE ID: 65

Branch: Staff Dispatch

6125 W. Reno, Suite 500
Oklahoma, OK 73127-6539
(405) 603-3500

Week Worked	Customer - Department	Type	Hours	Pay Rate	Total Pay	YTD Hrs.	YTD Pay
10/29/18 - 11/04/18	Five Star Equipment - Clerical	Reg	40.00	\$14.00	\$560.00	493.66	\$6,911.24
10/29/18 - 11/04/18	Five Star Equipment - Clerical	OT	2.74	\$21.00	\$57.54	28.62	\$601.02

Tax Name	Taxable Grs.	Tax Amt.	YTD Tax	Deduct. Type	Amount	YTD Deduct.
Federal Income Ta	\$617.54	\$7.62	\$337.02	Application Fee	\$0.00	\$20.00
FICA EE	\$617.54	\$38.29	\$464.53			
MED EE	\$617.54	\$8.95	\$108.61			
OK WH	\$617.54	\$11.00	\$119.00			

Bank Name	Amount	Account No.
JPMorgan Chase Bank,	\$551.68	####7713

YTD Gross	\$7,512.26
Gross Amt.	\$617.54
Net Amt.	\$551.68

Check Number	110011572
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FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004283 Sort Order: 12

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	11-15-2018	XXX-XX-2662	10-27-2018	11-10-2018	071320

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount	Y-T-D
11-10-2018	REGULAR PAY	15.5000	48.53	752.22	MEDICARE	10.91	10.91
					SOC SECURITY	46.64	46.64
					OK INCOME TAX	1.00	1.00

Total(s):		48.53	752.22
Type	DIRECT DEPOSIT	Amount	Net Pay
CHECKING	77713	693.67	\$693.67
			Net Pay YTD
			\$693.67
Total:		693.67	Total(s): 58.55 58.55
Y-T-D EARNINGS	PAID TIME OFF	EMPLOYER CONTRIBUTIONS	
Description	Amount	Desc	Accrued Used Balance
REGULAR PAY	752.22		

Total:	\$752.22	Total(s):	0.00 0.00
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VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff one of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

071320

11-15-2018

AMOUNT

** VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 of: MOORE, OK 73160

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004332 Sort order: 13

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	11-30-2018	XXX-XX-2662	11-11-2018	11-26-2018	084809

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL				DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount Y-T-D
11-26-2018	REGULAR PAY	15.5000	68.47	1061.29	FEDERAL TAX	76.34
11-26-2018	OVERTIME	23.2500	19.53	454.07	MEDICARE	25.57
11-26-2018	HOLIDAY	15.5000	16.00	248.00	SOC SECURITY	109.33
					OK INCOME TAX	41.00
						36.48
						155.97
						42.00

Total(s): 104.00 1,763.36

Type	DIRECT DEPOSIT Account	Amount	Net Pay
CHECKING	77713	1,511.12	\$1,511.12

Net Pay YTD

Total: 1,511.12 \$2,204.79

Total(s): 252.24 310.79

Y-T-D EARNINGS		PAID TIME OFF			EMPLOYER CONTRIBUTIONS		
Description	Amount	Desc	Accrued	Used	Balance	Description	Amount Y-T-D
REGULAR PAY	1813.51						
OVERTIME	454.07						
HOLIDAY	248.00						

Total: \$2,515.58

Total(s): 0.00 0.00

VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff One of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

084809

11-30-2018

AMOUNT

** VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 Of: MOORE, OK 73160

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004367 Sort Order: 12

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	12-14-2018	XXX-XX-2662	11-27-2018	12-10-2018	096583

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount	Y-T-D
12-10-2018	REGULAR PAY	15.5000	86.28	1337.34	IRA Pretax C	45.32	45.32
12-10-2018	OVERTIME	23.2500	7.45	173.21	FEDERAL TAX	46.52	122.86
					MEDICARE	21.90	58.38
					SOC SECURITY	93.65	249.62
					OK INCOME TAX	26.00	68.00

Total(s): 93.73 1,510.55

Type	DIRECT DEPOSIT Account	Amount	Net Pay
CHECKING	77713	1,277.16	\$1,277.16

Net Pay YTD

Total: 1,277.16 \$3,481.95

Total(s): 233.39 544.18

Y-T-D EARNINGS		PAID TIME OFF			EMPLOYER CONTRIBUTIONS		
Description	Amount	Desc	Accrued	Used	Balance	Description	Amount Y-T-D
REGULAR PAY	3150.85						
OVERTIME	627.28						
HOLIDAY	248.00						

Total: \$4,026.13

Total(s): 0.00 0.00

VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff One of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

096583

12-14-2018

AMOUNT

** VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 of: MOORE, OK 73160

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004423 Sort Order: 14

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	12-31-2018	XXX-XX-2662	12-11-2018	12-26-2018	110844

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount	Y-T-D
12-26-2018	REGULAR PAY	15.5000	84.25	1305.88	IRA Pretax C	56.27	101.59
12-26-2018	OVERTIME	23.2500	19.18	445.94	FEDERAL TAX	82.47	205.33
12-26-2018	HOLIDAY	15.5000	8.00	124.00	MEDICARE	27.20	85.58
					SOC SECURITY	116.30	365.92
					OK INCOME TAX	43.00	111.00

Total(s):	111.43	1,875.82
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Type	DIRECT DEPOSIT Account	Amount	Net Pay
CHECKING	87710	1,550.58	\$1,550.58

Net Pay YTD

Total:	1,550.58	\$5,032.53	Total(s):	325.24	869.42
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Y-T-D EARNINGS		PAID TIME OFF			EMPLOYER CONTRIBUTIONS		
Description	Amount	Desc	Accrued	Used	Balance	Description	Amount Y-T-D
REGULAR PAY	4456.73						
OVERTIME	1073.22						
HOLIDAY	372.00						

Total:	\$5,901.93	Total(s):	0.00	0.00
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VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff One of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

110844
 12-31-2018

AMOUNT

** VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 of: MOORE, OK 73160

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004514 Sort Order: 13

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	01-15-2019	XXX-XX-2662	12-27-2018	01-10-2019	121280

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount	Y-T-D
01-10-2019	REGULAR PAY	15.5000	82.77	1282.94	IRA Pretax C	49.34	49.34
01-10-2019	OVERTIME	23.2500	10.22	237.62	Child Suppor	25.00	25.00
01-10-2019	HOLIDAY	15.5000	8.00	124.00	GARNISH FEE	5.00	5.00
					FEDERAL TAX	57.86	57.86
					MEDICARE	23.85	23.85
					SOC SECURITY	101.96	101.96
					OK INCOME TAX	32.00	32.00

Total(s): 100.99 1,644.56

Type	DIRECT DEPOSIT Account	Amount	Net Pay
CHECKING	87710	1,349.55	\$1,349.55

Net Pay YTD

\$1,349.55

Total: 1,349.55

Total(s): 295.01 295.01

Y-T-D EARNINGS		PAID TIME OFF			EMPLOYER CONTRIBUTIONS		
Description	Amount	Desc	Accrued	Used	Balance	Description	Amount Y-T-D
REGULAR PAY	1282.94					GRP LIFE/ADD	4.52 4.52
OVERTIME	237.62					STD	5.21 5.21
HOLIDAY	124.00						

Total: \$1,644.56

Total(s): 9.73 9.73

VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff One of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

121280
01-15-2019

AMOUNT

* VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 Of: MOORE, OK 73160

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC - MOORE, OK 73160

Voucher #: 004667 Sort order: 15

Employee ID	Check Date	Soc-Sec-Num	Period Start	Period End	Check No
KRISTIN MARIE O'DONNELL - (J51778)	01-31-2019	XXX-XX-2662	01-11-2019	01-26-2019	134168

Federal Tax-Status M Allowances 3

State Tax - Status M Allowances 3

CURRENT EARNINGS DETAIL					DEDUCTIONS / TAXES		
Date	Description	Rate	Hours	Amount	Description	Amount	Y-T-D
01-26-2019	REGULAR PAY	15.5000	87.83	1361.37	GARNISHMENT	280.00	280.00
01-26-2019	OVERTIME	23.2500	0.85	19.76	MEDICAL 125	130.14	130.14
					HOSP CONFIN	47.84	47.84
					ACCIDENT INS	44.81	44.81
					IRA Pretax C	41.43	90.77
					Child Suppor	25.00	50.00
					GARNISH FEE	5.00	10.00
					FEDERAL TAX	10.02	67.88
					MEDICARE	16.79	40.64
					SOC SECURITY	71.82	173.78
					OK INCOME TAX	9.00	41.00

Total(s): 88.68 1,381.13

Type	DIRECT DEPOSIT Account	Amount	Net Pay
CHECKING	87710	699.28	\$699.28
			Net Pay YTD
			\$2,048.83

Total: 699.28

Total(s): 681.85 976.86

Y-T-D EARNINGS		Desc	PAID TIME OFF			EMPLOYER CONTRIBUTIONS		
Description	Amount		Accrued	Used	Balance	Description	Amount	Y-T-D
REGULAR PAY	2644.31					GRP LIFE/ADD	4.52	9.04
OVERTIME	257.38					STD	5.21	10.42
HOLIDAY	124.00					FIVE STAR EQUIP	130.16	130.16
						AFLAC HOSP. CON	-47.84	-47.84
						AFLAC ACC	-44.81	-44.81

Total: \$3,025.69

Total(s): 47.24 56.97

VOID AFTER 90 DAYS

Build: RPT1669

Query: HRP_CHECKS.MVQ Version: LegalVoucherPTO 18.04.180

FIVE STAR EQUIPMENT LEASING RENTAL CO LLC
 Staff One of Oklahoma, LLC
 12750 Merit Drive, suite 940
 Dallas, TX 75251

134168

01-31-2019

AMOUNT

** VOID **

Pay: Non-negotiable

To The KRISTIN MARIE O'DONNELL
 Order 805 SWEETGUM ST.
 of: MOORE, OK 73160

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Kristin

First name

Middle name

Bring your picture identification to your meeting with the trustee.

O'Donnell

Last name and Suffix (Sr., Jr., II, III)

Thomas

First name

Middle name

O'Donnell

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Kristin Hokett**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-2662****xxx-xx-1587**

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and
doing business as names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**805 Sweetgum St
Moore, OK 73160-8261**

Number, Street, City, State & ZIP Code

Cleveland

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.
- ☒ Yes.
- | | | | | | |
|----------|-------------|------|----------------|-------------|-----------------|
| District | <u>WDOK</u> | When | <u>6/16/15</u> | Case number | <u>15-12259</u> |
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- | | | | |
|----------|-------|---------------------|-------|
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
| Debtor | _____ | Relationship to you | _____ |
| District | _____ | When | _____ |
-
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☐ No.

Go to Part 4.

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☐ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☐ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1
Debtor 2

O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts _____

17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ **Kristin O'Donnell**

Kristin O'Donnell

Signature of Debtor 1

/s/ **Thomas O'Donnell**

Thomas O'Donnell

Signature of Debtor 2

Executed on **February 15, 2019**
MM / DD / YYYY

Executed on **February 15, 2019**
MM / DD / YYYY

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.

/s/ Philip A Hurtt

Date

February 15, 2019

Signature of Attorney for Debtor

MM / DD / YYYY

Philip A Hurtt

Printed name

Branch & Hurtt Law Firm. P.C.

Firm name

1525 SW 89th St

Oklahoma City, OK 73159-6342

Number, Street, City, State & ZIP Code

Contact phone (405) 634-7600

Email address

lacristaoklaw@coxinet.net

16244

Bar number & State

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Western District of Oklahoma, Oklahoma Division

In re **O'Donnell, Kristin & O'Donnell, Thomas**

Debtor(s)

Case No. _____

Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,500.00</u>
Prior to the filing of this statement I have received	\$	<u>367.00</u>
Balance Due	\$	<u>1,133.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 15, 2019

Date

/s/ Philip A Hurtt

Philip A Hurtt

Signature of Attorney

Branch & Hurtt Law Firm. P.C.

1525 SW 89th St

Oklahoma City, OK 73159-6342

(405) 634-7600 Fax: (405) 634-9306

lacristaoklaw@coxinet.net

Name of law firm

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	40,184.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	40,184.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a. Copy the total you listed in Column A Amount of claim, at the bottom of the last page of Part 1 of Schedule D...	\$	17,697.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$	103,058.18
Your total liabilities		\$ 120,755.18

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....	\$	1,398.56
5. Schedule J: Your Expenses (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J.....	\$	4,261.54

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 5,227.15

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court
Western District of Oklahoma, Oklahoma Division**

IN RE:

Case No. _____

O'Donnell, Kristin & O'Donnell, ThomasChapter **7**

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

O'Donnell, Kristin & O'Donnell, Thomas

Printed Name(s) of Debtor(s)

X */s/ Kristin O'Donnell*

Signature of Debtor

2/15/2019

Date

Case No. (if known) _____

X */s/ Thomas O'Donnell*

Signature of Joint Debtor (if any)

2/15/2019

Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case and this filing:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION</u>			
Case number _____			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

3.1 Make: Nissan

Model: Altima

Year: 2011

Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$7,500.00\$7,500.00

3.2 Make: Dodge

Model: Durango 2WD

Year: 2011

Approximate mileage: _____

Other information: _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$12,000.00\$0.00

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

3.3 Make: Suzuki
Model: motorcycle
Year: 2004
Approximate mileage: _____
Other information: _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

\$0.00\$0.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$7,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.....

Various household goods\$5,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☒ No
- ☐ Yes. Describe.....

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- ☒ No
- ☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

- ☒ No
- ☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

- ☒ No
- ☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

- ☐ No
- ☒ Yes. Describe.....

Clothing\$1,000.00

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

12. Jewelry*Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*☐ No☒ Yes. Describe.....**Wedding bands****\$500.00****Costume jewelry****\$100.00****13. Non-farm animals***Examples: Dogs, cats, birds, horses*☒ No☐ Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$6,600.00****Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition*☒ No☐ Yes.....**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.*☐ No☒ Yes.....

Institution name:

17.1. Checking Account Arvest**\$584.00****17.2. Checking Account Arvest****\$300.00****18. Bonds, mutual funds, or publicly traded stocks***Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.**Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*☒ No☐ Yes. Give specific information about them

Issuer name:

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☒ No☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☒ Yes. Give specific information.....**Child Support****Support****\$25,000.00****30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Debtor 1
Debtor 2**O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$25,884.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00**

Debtor 1
Debtor 2**O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$7,500.00	
57. Part 3: Total personal and household items, line 15	\$6,600.00	
58. Part 4: Total financial assets, line 36	\$25,884.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$39,984.00	Copy personal property total \$39,984.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$39,984.00

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Debtor 1 Exemptions			
Nissan Altima 2011 Line from <i>Schedule A/B</i> 3.1	\$7,500.00	<input checked="" type="checkbox"/> \$7,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(13)
Various household goods Line from <i>Schedule A/B</i> 6.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(3)
Clothing Line from <i>Schedule A/B</i> 11.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(7)
Wedding bands Line from <i>Schedule A/B</i> 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(8)
Costume jewelry Line from <i>Schedule A/B</i> 12.2	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(7)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Arvest Line from Schedule A/B: 17.1	<u>\$584.00</u>	<input checked="" type="checkbox"/> <u>\$584.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(18)
Arvest Line from Schedule A/B: 17.2	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(18)
Child Support Line from Schedule A/B: 29.1	<u>\$25,000.00</u>	<input checked="" type="checkbox"/> <u>\$25,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	31 Okla. St. § 1(A)(19)

3. **Are you claiming a homestead exemption of more than \$160,375?**
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)
- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Fill in this information to identify your case:

Debtor 1

First Name

Middle Name

Last Name

Debtor 2

(Spouse if, filing)

Thomas O'Donnell

First Name

Middle Name

Last Name

United States Bankruptcy Court for the:

WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

Case number

(if known)

☐ Check if this is an amended filing**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	

Debtor 2 Exemptions

Brief description:

Line from *Schedule A/B*☐☐

100% of fair market value, up to any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bridgecrest Creditor's Name <u>line 7300 E Hampton Ave</u> <u>Ste 100</u> <u>Mesa, AZ 85209-3324</u> Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2011 Dodge Durango 2WD As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	\$17,697.00	\$12,000.00
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred <u>2018-07</u>		Last 4 digits of account number <u>7901</u>	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$17,697.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$17,697.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name, Number, Street, City, State & Zip Code Bridgecrest Credit C 7300 E Hampton Ave Mesa, AZ 85209-3324	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number <u>7901</u>
---	---

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☒ No. Go to Part 2.

☐ Yes.
Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Acceptance Now Nonpriority Creditor's Name 5501 Headquarters Dr Plano, TX 75024-5837 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1301 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$3,414.00

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.2

Approved Cash Advance

Nonpriority Creditor's Name

Last 4 digits of account number **9907****\$307.00****1800 S Air Depot Blvd
Oklahoma City, OK 73110-5127**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? **2017-12-27**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Open account**

4.3

ARS Account Resolution

Nonpriority Creditor's Name

Last 4 digits of account number _____

\$592.00**1643 Harrison Pkwy Ste 100
City of Sunrise, FL 33313**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify _____

4.4

Auto Advantage Finance

Nonpriority Creditor's Name

Last 4 digits of account number **790A****\$3,000.00****1 W I 240 Service Rd
Oklahoma City, OK 73139-7836**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify _____

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.5

Chase Bank

Nonpriority Creditor's Name

Last 4 digits of account number **7713****\$800.00****PO Box 94014****Palatine, IL 60094-4014**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.6

Chase Bank

Nonpriority Creditor's Name

Last 4 digits of account number _____

\$567.00**PO Box 94014****Palatine, IL 60094-4014**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.7

CMRE Financial Service, Inc

Nonpriority Creditor's Name

Last 4 digits of account number _____

\$545.00**3075 E Imperial Hwy****Brea, CA 92821-6733**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.8

Continental Credit

Nonpriority Creditor's Name

Last 4 digits of account number **7019****\$436.00****6054 S Western Ave
Oklahoma City, OK 73139-1602**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

4.9

Cox Communications

Nonpriority Creditor's Name

Last 4 digits of account number **5113****\$161.00****PO Box 268870
Oklahoma City, OK 73126-8870**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2018-04**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

4.10

Cox Communications

Nonpriority Creditor's Name

Last 4 digits of account number **9906****\$400.00****PO Box 268870
Oklahoma City, OK 73126-8870**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify _____

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.11	Dept of Education/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$19,007.00
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4.12	Emer Svc of Oklahoma Nonpriority Creditor's Name Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1509</u> When was the debt incurred? <u>2016-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$1,012.00
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4.13	Emerald Greens Nonpriority Creditor's Name 2815 Dewey Ave Norman, OK 73072-7869 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6011</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,834.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.14	Emergency Services Of Oklahoma Nonpriority Creditor's Name PO Box 636758 Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8617</u> When was the debt incurred? <u>2015-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$428.00
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4.15	Emergency Services Of Oklahoma Nonpriority Creditor's Name PO Box 636758 Cincinnati, OH 45263 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1863</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$575.10
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4.16	Enhanced Recovery Company Nonpriority Creditor's Name PO Box 23870 Jacksonville, FL 32241-3870 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7367</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$446.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.17	Express Credit Auto Nonpriority Creditor's Name 4810 NW 39th St Oklahoma City, OK 73122-2506 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5818</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$9,398.00
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4.18	Integriss Baptist Medical Center Nonpriority Creditor's Name 3300 NW Expressway Oklahoma City, OK 73112-4418 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5629</u> When was the debt incurred? <u>2017-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>	\$442.00
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4.19	LVNV Funding Nonpriority Creditor's Name PO Box 10584 Greenville, SC 29603-0584 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$976.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.20	Millenium Financial Group, LLC Nonpriority Creditor's Name 5770 NW Expressway Ste 102 Warr Acres, OK 73132-5238 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3464</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$349.00
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4.21	Norman Regional Health System Nonpriority Creditor's Name PO Box 268961 Oklahoma City, OK 73126-8961 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4508</u> When was the debt incurred? <u>2015-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>	\$2,156.00
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4.22	Norman Regional Health System Nonpriority Creditor's Name PO Box 268961 Oklahoma City, OK 73126-8961 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4110</u> When was the debt incurred? <u>2017-07</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>	\$1,443.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.23	Norman Regional Health System Nonpriority Creditor's Name PO Box 268961 Oklahoma City, OK 73126-8961 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9334</u> When was the debt incurred? <u>2016-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>	\$141.00
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4.24	Norman Regional Health System Nonpriority Creditor's Name PO Box 268961 Oklahoma City, OK 73126-8961 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7137</u> When was the debt incurred? <u>2016-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Unknown account</u>	\$73.00
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4.25	Norman Regional Health System Nonpriority Creditor's Name PO Box 268961 Moore Medical Center Oklahoma City, OK 73126-8961 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1864</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$592.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.26	NRHS Radiology Associates Nonpriority Creditor's Name PO Box 269065 Oklahoma City, OK 73126-9065 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1246</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$40.00
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4.27	Oklahoma's Credit Union Nonpriority Creditor's Name 3001 N Lincoln Blvd Oklahoma City, OK 73105-4209 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0970</u> When was the debt incurred? <u>2011-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$3,119.00
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4.28	Orthopaedic Sports Medicine Ctr Nonpriority Creditor's Name PO Box 550 Norman, OK 73070-0550 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0205</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$251.60
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.29	Pediatric ENT of Oklahoma Nonpriority Creditor's Name PO Box 1998 Oklahoma City, OK 73101 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1205</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$350.00
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4.30	Perfect Smiles Family Dentistry Nonpriority Creditor's Name 500 N Eastern Ave Moore, OK 73160-5851 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2500</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$70.00
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4.31	Professional Finance Company Nonpriority Creditor's Name PO Box 1686 Greeley, CO 80632-1686 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$1,305.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

4.32	Receivables Performance Management Nonpriority Creditor's Name 20816 44th Ave W Lynnwood, WA 98036-7744 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$332.00
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4.33	Rentking LLC Property Managem Nonpriority Creditor's Name 1551 36th Ave NW Ste 110 Norman, OK 73072-3252 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4113</u> When was the debt incurred? <u>2016-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$323.00
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4.34	Tide Finance Nonpriority Creditor's Name 425 SW 44th St Oklahoma City, OK 73109-6926 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4013</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$364.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.35	Tinker Fcu Nonpriority Creditor's Name PO Box 45750 Tinker AFB, OK 73145-0750 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0050</u> When was the debt incurred? <u>2014-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$409.00
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4.36	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3625</u> When was the debt incurred? <u>2010-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$10,408.00
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4.37	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4028</u> When was the debt incurred? <u>2010-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$5,179.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.38	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1978</u> When was the debt incurred? <u>2011-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$2,561.00
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4.39	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1975</u> When was the debt incurred? <u>2011-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$1,630.00
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4.40	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1982</u> When was the debt incurred? <u>2011-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$1,575.00
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

4.41	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1971</u> When was the debt incurred? <u>2011-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$1,575.00
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4.42	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1980</u> When was the debt incurred? <u>2011-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$820.00
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4.43	U.S. Department of Education Nonpriority Creditor's Name PO Box 16408 Saint Paul, MN 55116-0408 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5698</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$23,652.48
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Name and Address

10 Gym
6209 NW Expressway
Oklahoma City, OK 73132-5127

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3464

Name and Address

American Collection SE
3100 SW 59th St
Oklahoma City, OK 73119-6416

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4113

Name and Address

Ars Account Resolution
1643 NW 136th Ave
City of Sunrise, FL 33323-2857

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1509

Name and Address

Ars Account Resolution
1643 NW 136th Ave
City of Sunrise, FL 33323-2857

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

8617

Name and Address

AT&T
PO Box 5014
City of Industry, CA 91745-0014

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One Bank
PO Box 60599
City of Industry, CA 91716-0599

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Convergent Outsourcing
800 SW 39th St
Renton, WA 98057-4975

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5113

Name and Address

Credit Control Corp
PO Box 120630
Newport News, VA 23612-0630

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5113

Name and Address

Mcneilmyers
3017 Harvard Ave
Metairie, LA 70006-6494

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9907

Name and Address

Monarch Recovery Management
3260 Tillman Dr Ste 75
Bensalem, PA 19020-2059

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.35** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0050

Name and Address

Norman Regional Health System
PO Box 268961
Oklahoma City, OK 73126-8961

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Oklahomas Cu Fka Oecu
3001 N Lincoln Blvd
Oklahoma City, OK 73105-4209Line **4.27** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

0970

Name and Address

Robinson, Hoover & Fudge
119 N Robinson Ave Ste 100
Oklahoma City, OK 73102-4613

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

T-Mobile
PO Box 660252
Tulsa, OK 74101

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7367

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.36** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3625

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4028

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.38** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1978

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1975

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1982

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1971

Name and Address

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1980

Name and Address

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

- ☐
- Part 1: Creditors with Priority Unsecured Claims
-
- ☒
- Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4508

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436Line **4.22** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4110

Name and Address

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5629

Name and Address

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.23** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

9334

Name and Address

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7137**Part 4: Add the Amounts for Each Type of Unsecured Claim****6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	103,058.18
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	103,058.18

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Name Number Street City State ZIP Code	
2.2 Name Number Street City State ZIP Code	
2.3 Name Number Street City State ZIP Code	
2.4 Name Number Street City State ZIP Code	
2.5 Name Number Street City State ZIP Code	

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number

Street

City

State

ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number

Street

City

State

ZIP Code

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Kristin O'DonnellDebtor 2 Thomas O'Donnell
(Spouse, if filing)United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA,
OKLAHOMA DIVISIONCase number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

Account Clerk

Employer's name

Five Star Equipmen

Employer's address

12750 Merit Dr Ste 940
Dallas, TX 75251-1225

Debtor 2 or non-filing spouse

- ☐ Employed
- ☒ Not employed

How long employed there?

4 months**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>2,722.74</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>39.52</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>2,762.26</u>	\$ <u>0.00</u>

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,762.26	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 215.26	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 82.86	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: Garnishment	5h.+ \$ 560.00	\$ 0.00
Medical	\$ 260.28	\$ 0.00
Hosp Confine	\$ 95.68	\$ 0.00
Accident Insurance	\$ 89.62	\$ 0.00
Child Support	\$ 50.00	\$ 0.00
Garnishment Fee	\$ 10.00	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,363.70	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,398.56	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h.+ \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,398.56	\$ 0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 1,398.56	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor 2 lost his job 2/13/19.		

Fill in this information to identify your case:

Debtor 1 Kristin O'Donnell

Debtor 2 Thomas O'Donnell
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA,
OKLAHOMA DIVISION

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

8

☐ No☒ Yes

Son

3

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,000.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known) _____

<p>6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: _____</p> <p>7. Food and housekeeping supplies</p> <p>8. Childcare and children's education costs</p> <p>9. Clothing, laundry, and dry cleaning</p> <p>10. Personal care products and services</p> <p>11. Medical and dental expenses</p> <p>12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</p> <p>13. Entertainment, clubs, recreation, newspapers, magazines, and books</p> <p>14. Charitable contributions and religious donations</p> <p>15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: _____</p> <p>16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____</p> <p>17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: _____ 17d. Other. Specify: _____</p> <p>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</p> <p>19. Other payments you make to support others who do not live with you. Specify: _____</p> <p>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues</p> <p>21. Other: Specify: _____</p> <p>22. Calculate your monthly expenses 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.</p> <p>23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i>.</p> <p>24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain here: _____</p>	<table border="0"> <tr><td>6a. \$</td><td><u>240.00</u></td></tr> <tr><td>6b. \$</td><td><u>80.00</u></td></tr> <tr><td>6c. \$</td><td><u>245.00</u></td></tr> <tr><td>6d. \$</td><td><u>0.00</u></td></tr> <tr><td>7. \$</td><td><u>1,000.00</u></td></tr> <tr><td>8. \$</td><td><u>0.00</u></td></tr> <tr><td>9. \$</td><td><u>250.00</u></td></tr> <tr><td>10. \$</td><td><u>0.00</u></td></tr> <tr><td>11. \$</td><td><u>100.00</u></td></tr> <tr><td>12. \$</td><td><u>350.00</u></td></tr> <tr><td>13. \$</td><td><u>100.00</u></td></tr> <tr><td>14. \$</td><td><u>0.00</u></td></tr> <tr><td>15a. \$</td><td><u>0.00</u></td></tr> <tr><td>15b. \$</td><td><u>0.00</u></td></tr> <tr><td>15c. \$</td><td><u>215.00</u></td></tr> <tr><td>15d. \$</td><td><u>0.00</u></td></tr> <tr><td>16. \$</td><td><u>0.00</u></td></tr> <tr><td>17a. \$</td><td><u>0.00</u></td></tr> <tr><td>17b. \$</td><td><u>481.54</u></td></tr> <tr><td>17c. \$</td><td><u>0.00</u></td></tr> <tr><td>17d. \$</td><td><u>0.00</u></td></tr> <tr><td>18. \$</td><td><u>100.00</u></td></tr> <tr><td>19. \$</td><td><u>0.00</u></td></tr> <tr><td>20a. \$</td><td><u>0.00</u></td></tr> <tr><td>20b. \$</td><td><u>0.00</u></td></tr> <tr><td>20c. \$</td><td><u>0.00</u></td></tr> <tr><td>20d. \$</td><td><u>0.00</u></td></tr> <tr><td>20e. \$</td><td><u>0.00</u></td></tr> <tr><td>21. +\$</td><td><u>0.00</u></td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0"> <tr><td>\$</td><td><u>4,261.54</u></td></tr> <tr><td>\$</td><td><u> </u></td></tr> <tr><td>\$</td><td><u>4,261.54</u></td></tr> </table> </div> <table border="0"> <tr><td>23a. \$</td><td><u>1,398.56</u></td></tr> <tr><td>23b. -\$</td><td><u>4,261.54</u></td></tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table border="0"> <tr><td>23c. \$</td><td><u>-2,862.98</u></td></tr> </table> </div>	6a. \$	<u>240.00</u>	6b. \$	<u>80.00</u>	6c. \$	<u>245.00</u>	6d. \$	<u>0.00</u>	7. \$	<u>1,000.00</u>	8. \$	<u>0.00</u>	9. \$	<u>250.00</u>	10. \$	<u>0.00</u>	11. \$	<u>100.00</u>	12. \$	<u>350.00</u>	13. \$	<u>100.00</u>	14. \$	<u>0.00</u>	15a. \$	<u>0.00</u>	15b. \$	<u>0.00</u>	15c. \$	<u>215.00</u>	15d. \$	<u>0.00</u>	16. \$	<u>0.00</u>	17a. \$	<u>0.00</u>	17b. \$	<u>481.54</u>	17c. \$	<u>0.00</u>	17d. \$	<u>0.00</u>	18. \$	<u>100.00</u>	19. \$	<u>0.00</u>	20a. \$	<u>0.00</u>	20b. \$	<u>0.00</u>	20c. \$	<u>0.00</u>	20d. \$	<u>0.00</u>	20e. \$	<u>0.00</u>	21. +\$	<u>0.00</u>	\$	<u>4,261.54</u>	\$	<u> </u>	\$	<u>4,261.54</u>	23a. \$	<u>1,398.56</u>	23b. -\$	<u>4,261.54</u>	23c. \$	<u>-2,862.98</u>
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Fill in this information to identify your case:

Debtor 1 Kristin O'Donnell
 First Name Middle Name Last Name

Debtor 2 Thomas O'Donnell
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kristin O'Donnell
Kristin O'Donnell
 Signature of Debtor 1

Date February 15, 2019

X /s/ Thomas O'Donnell
Thomas O'Donnell
 Signature of Debtor 2

Date February 15, 2019

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Bridgecrest	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Description of property securing debt: 2011 Dodge Durango 2WD		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name:	<input type="checkbox"/> No

Debtor 1
Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

Description of leased
Property:

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Kristin O'Donnell
Kristin O'Donnell
Signature of Debtor 1

X /s/ Thomas O'Donnell
Thomas O'Donnell
Signature of Debtor 2

Date February 15, 2019

Date February 15, 2019

Fill in this information to identify your case:

Debtor 1	Kristin O'Donnell		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Thomas O'Donnell		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF OKLAHOMA, OKLAHOMA DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

805 Sweetgum St
Moore, OK 73160-8261

Dates Debtor 1 lived there

From-To:
June 2017-current

Debtor 2 Prior Address:

☒ Same as Debtor 1

Dates Debtor 2 lived there

☒ Same as Debtor 1
From-To:

3927 24th Ave SE
Norman, OK 73071-1755

From-To:
2016-June 2017

☒ Same as Debtor 1

☒ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

Debtor 1
Debtor 2**O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$27,319.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$21,972.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$13,147.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$11,031.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
- ☐ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
---------------------------	--------------------	-----------------	--------------------

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Norman Regional Health System PO Box 268961 Oklahoma City, OK 73126-8961	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.		\$0.00

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
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Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Branch & Hurtt Law Firm, P.C. 1525 SW 89th St Oklahoma City, OK 73159-6342	0.00		\$1,500.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a

Debtor 1
Debtor 2 **O'Donnell, Kristin & O'Donnell, Thomas**

Case number (if known)

beneficiary? (These are often called *asset-protection devices*.)

- ☐ No
- ☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
- ☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
- ☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
- ☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
- ☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1
Debtor 2O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristin O'DonnellKristin O'Donnell
Signature of Debtor 1/s/ Thomas O'DonnellThomas O'Donnell
Signature of Debtor 2Date February 15, 2019Date February 15, 2019

Debtor 1

Debtor 2 O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known) _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* **(Official Form 107)?**

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Kristin O'Donnell

Debtor 2 Thomas O'Donnell
(Spouse, if filing)

United States Bankruptcy Court for the: Western District of Oklahoma,
Oklahoma Division

Case number _____
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.☐ Married and your spouse is NOT filing with you. You and your spouse are:☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 2,683.63	\$ 2,543.52
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1
Debtor 2

O'Donnell, Kristin & O'Donnell, Thomas

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 2,683.63	\$ 2,543.52
	= \$ 5,227.15	
	Total current monthly income	

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$ 5,227.15

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ 62,725.80

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

OK

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ 72,569.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1 *There is no presumption of abuse.*
Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2 *The presumption of abuse is determined by Form 122A-2.*
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kristin O'Donnell

Kristin O'Donnell

Signature of Debtor 1

Date February 15, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

X /s/ Thomas O'Donnell

Thomas O'Donnell

Signature of Debtor 2

Date February 15, 2019

MM / DD / YYYY

Certificate Number: 15557-OKW-CC-032280019



15557-OKW-CC-032280019

CERTIFICATE OF COUNSELING

I CERTIFY that on February 11, 2019, at 2:30 o'clock PM CST, Kristin ODonnell received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 11, 2019 By: /s/Angelica Caccavo

Name: Angelica Caccavo

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 15557-OKW-CC-032280028



15557-OKW-CC-032280028

CERTIFICATE OF COUNSELING

I CERTIFY that on February 11, 2019, at 2:30 o'clock PM CST, Thomas ODonnell received from Urgent Credit Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Western District of Oklahoma, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: February 11, 2019 By: /s/Stephanie Brown

Name: Stephanie Brown

Title: Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

10 Gym
6209 NW Expressway
Oklahoma City, OK 73132-5127

Acceptance Now
5501 Headquarters Dr
Plano, TX 75024-5837

American Collection SE
3100 SW 59th St
Oklahoma City, OK 73119-6416

Approved Cash Advance
1800 S Air Depot Blvd
Oklahoma City, OK 73110-5127

ARS Account Resolution
1643 Harrison Pkwy Ste 100
City of Sunrise, FL 33313

Ars Account Resolution
1643 NW 136th Ave
City of Sunrise, FL 33323-2857

AT&T
PO Box 5014
City of Industry, CA 91745-0014

Auto Advantage Finance
1 W I 240 Service Rd
Oklahoma City, OK 73139-7836

Bridgecrest
\
7300 E Hampton Ave Ste 100
Mesa, AZ 85209-3324

Bridgecrest Credit C
7300 E Hampton Ave
Mesa, AZ 85209-3324

Capital One Bank
PO Box 60599
City of Industry, CA 91716-0599

Chase Bank
PO Box 94014
Palatine, IL 60094-4014

CMRE Financial Service, Inc
3075 E Imperial Hwy
Brea, CA 92821-6733

Continental Credit
6054 S Western Ave
Oklahoma City, OK 73139-1602

Convergent Outsourcing
800 SW 39th St
Renton, WA 98057-4975

Cox Communications
PO Box 268870
Oklahoma City, OK 73126-8870

Credit Control Corp
PO Box 120630
Newport News, VA 23612-0630

Dept of Education/Navient
PO Box 9635
Wilkes Barre, PA 18773-9635

Emerald Greens
2815 Dewey Ave
Norman, OK 73072-7869

Emergency Services Of Oklahoma
PO Box 636758
Cincinnati, OH 45263

Enhanced Recovery Company
PO Box 23870
Jacksonville, FL 32241-3870

Express Credit Auto
4810 NW 39th St
Oklahoma City, OK 73122-2506

Integris Baptist Medical Center
3300 NW Expressway
Oklahoma City, OK 73112-4418

LVNV Funding
PO Box 10584
Greenville, SC 29603-0584

Mcneilmyers
3017 Harvard Ave
Metairie, LA 70006-6494

Millenium Financial Group, LLC
5770 NW Expressway Ste 102
Warr Acres, OK 73132-5238

Monarch Recovery Management
3260 Tillman Dr Ste 75
Bensalem, PA 19020-2059

Norman Regional Health System
PO Box 268961 Moore Medical Center
Oklahoma City, OK 73126-8961

Norman Regional Health System
PO Box 268961
Oklahoma City, OK 73126-8961

NRHS Radiology Associates
PO Box 269065
Oklahoma City, OK 73126-9065

Oklahoma's Credit Union
3001 N Lincoln Blvd
Oklahoma City, OK 73105-4209

Oklahomas Cu Fka Oecu
3001 N Lincoln Blvd
Oklahoma City, OK 73105-4209

Orthopaedic Sports Medicine Ctr
PO Box 550
Norman, OK 73070-0550

Pediatric ENT of Oklahoma
PO Box 1998
Oklahoma City, OK 73101

Perfect Smiles Family Dentistry
500 N Eastern Ave
Moore, OK 73160-5851

Professional Finance Company
PO Box 1686
Greeley, CO 80632-1686

Receivables Performance Management
20816 44th Ave W
Lynnwood, WA 98036-7744

Rentking LLC Property Managem
1551 36th Ave NW Ste 110
Norman, OK 73072-3252

Robinson, Hoover & Fudge
119 N Robinson Ave Ste 100
Oklahoma City, OK 73102-4613

T-Mobile
PO Box 660252
Tulsa, OK 74101

Tide Finance
425 SW 44th St
Oklahoma City, OK 73109-6926

Tinker Fcu
PO Box 45750
Tinker AFB, OK 73145-0750

U S Dept of Ed/Gsl/Atl
PO Box 4222
Iowa City, IA 52244-4222

U.S. Department of Education
PO Box 16408
Saint Paul, MN 55116-0408

Works & Lentz Inc-Ok
3030 NW Expressway Ste 1300
Oklahoma City, OK 73112-5436

United States Bankruptcy Court
Western District of Oklahoma, Oklahoma Division

IN RE:

O'Donnell, Kristin & O'Donnell, Thomas

Debtor(s)

Case No. _____

Chapter **7** _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) hereby verify(ies) that the attached matrix listing creditors is true to the best of my(our) knowledge.

Date: **February 15, 2019** Signature: /s/ Kristin O'Donnell
Kristin O'Donnell Debtor

Date: **February 15, 2019** Signature: /s/ Thomas O'Donnell
Thomas O'Donnell Joint Debtor, if any